



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2005 SEP 21 AM 8:46
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Alpha In-Home Care, L.L.C.

2. The street address of the initial registered office is:

11675 W. Hayden Avenue, Post Falls, Idaho 83854

and the name of the initial registered agent at the above address is:

Deborah G. Simpson

3. The mailing address for future correspondence is:

same as above

4. Management of the limited liability company will be vested in:

Manager(s) ☐ or Member(s) ☒ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name	Address
<u>Charles A. Simpson</u>	<u>11675 W. Hayden Avenue,</u> <u>Post Falls, Idaho 83854</u>
<u>Deborah G. Simpson</u>	<u>11675 W. Hayden Avenue,</u> <u>Post Falls, Idaho 83854</u>

6. Signature of at least one person responsible for forming the limited liability company:

Signature: Charles A. Simpson

Typed Name: Charles A. Simpson

Capacity: Member

Signature: Deborah G. Simpson

Typed Name: Deborah G. Simpson

Capacity: Member

Secretary of State use only

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Revised 07/2002

IDAHO SECRETARY OF STATE
09/21/2005 05:00
CK: 4876 CT: 166600 BN: 912728
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W 42942